## G.  FCR INPUT TRANSACTION LAYOUTS

This appendix includes the layouts for the records that are accepted by the FCR System. Each record layout in this section includes the following information:

1. Field names;
2. Field locations;
3. Field lengths;
4. Field types (alphabetic, numeric or alphanumeric); and
5. Field comments.

The Comment section of the record layouts indicates when the field is required for the transaction. Fields defined as 'Conditionally Required' are required to be present on the input record, based on the conditions that are described in the Comment field. Comments also provide an explanation of the field and its relationship to other fields or records. Additional information regarding each field may be found in the Appendix E, "Data Dictionary".

Input transactions are transmitted to the FCR using SSA's network and the CONNECT:Direct protocol. Additional information regarding CONNECT:Direct and the process for transmission of data to the FCR may be found in Section 3.1, "CONNECT:Direct". When transmitting input records, the FCR Transmission Header Record must be the first record in the transmission. If the Header Record is not the first record in the transmission, the system will reject all records until a Header Record is located. The data transmitted to the FCR must comply with the following requirements:

1. All data must be in EBCDIC format.
2. All alphabetic data, except the User Field, must be in upper case.
3. All alphabetic and alphanumeric data must be left-justified.
4. All numeric data must be right-justified and zero-filled.
5. All dates must be in CCYYMMDD format.
6. All Filler fields must be filled with spaces and not low values.

Chart G-1, which follows, lists and describes the input record layouts that are accepted by the FCR System.

| CHART G-1:  INPUT RECORD LAYOUTS ACCEPTED BY THE FCR | |
|---|---|
| Input Record Name | Record Purpose |
| FCR Transmission Header Record | This record contains a Record Identifier of 'FA'.<br>This record must be the first record in a batch of transaction records sent to the FCR. It identifies the submitter of the batch of transactions. The batch number included in this record uniquely identifies the batch. |
| FCR Input Case Record | This record contains a Record Identifier of 'FC'.<br>This record is used to add cases to the FCR. It can also be used to change case information or to delete a case that was added to the FCR. Whenever a state closes a case on its system, using valid case closure criteria under §45 CFR 303.11, the state must send a Delete Transaction to the FCR indicating that the case has been closed. Upon receipt and acceptance of the Delete Transaction, the case will be deleted from the FCR. The case closure criteria are, as they have always been, permissive rather than mandatory. If a case does not meet one of the closure criteria, it must remain open. However, a state has the option of leaving a case open even if it does meet the case closure criteria. When deciding whether to close a case, which would delete it from the FCR as well, a state should weigh the benefits of keeping the case on the FCR or deleting it.<br>Three explanations of this record are provided in this appendix based on the action being requested: add, change or delete a case. While a single record format is used, the separate explanations are intended to provide a clear definition of the required and optional fields based on the record's Action Type Code. |
| FCR Input Person/Locate Request Record | This record contains a Record Identifier of 'FP'.<br>This record is used to add a person in a child support case to the FCR. It can also be used to change information for, or to delete, a person from a case on the FCR.<br>The submitted record can include an SSN/Name combination that will be validated using the SSA SSN verification routines. If the person's SSN is not available to the submitter, additional information can be submitted on this record that will allow the FCR to automatically utilize SSA and IRS SSN identification routines to obtain the SSN.<br>This record is also used to initiate or terminate a request for Locate processing for a person. The request for Locate processing can be initiated when the person information is being added or changed. A Locate can also be initiated using this record without adding or changing a person on the FCR. The submitter must specify on the record the desired Locate sources. (Note: Under certain conditions, the FCR will automatically perform a Locate of the NDNH |

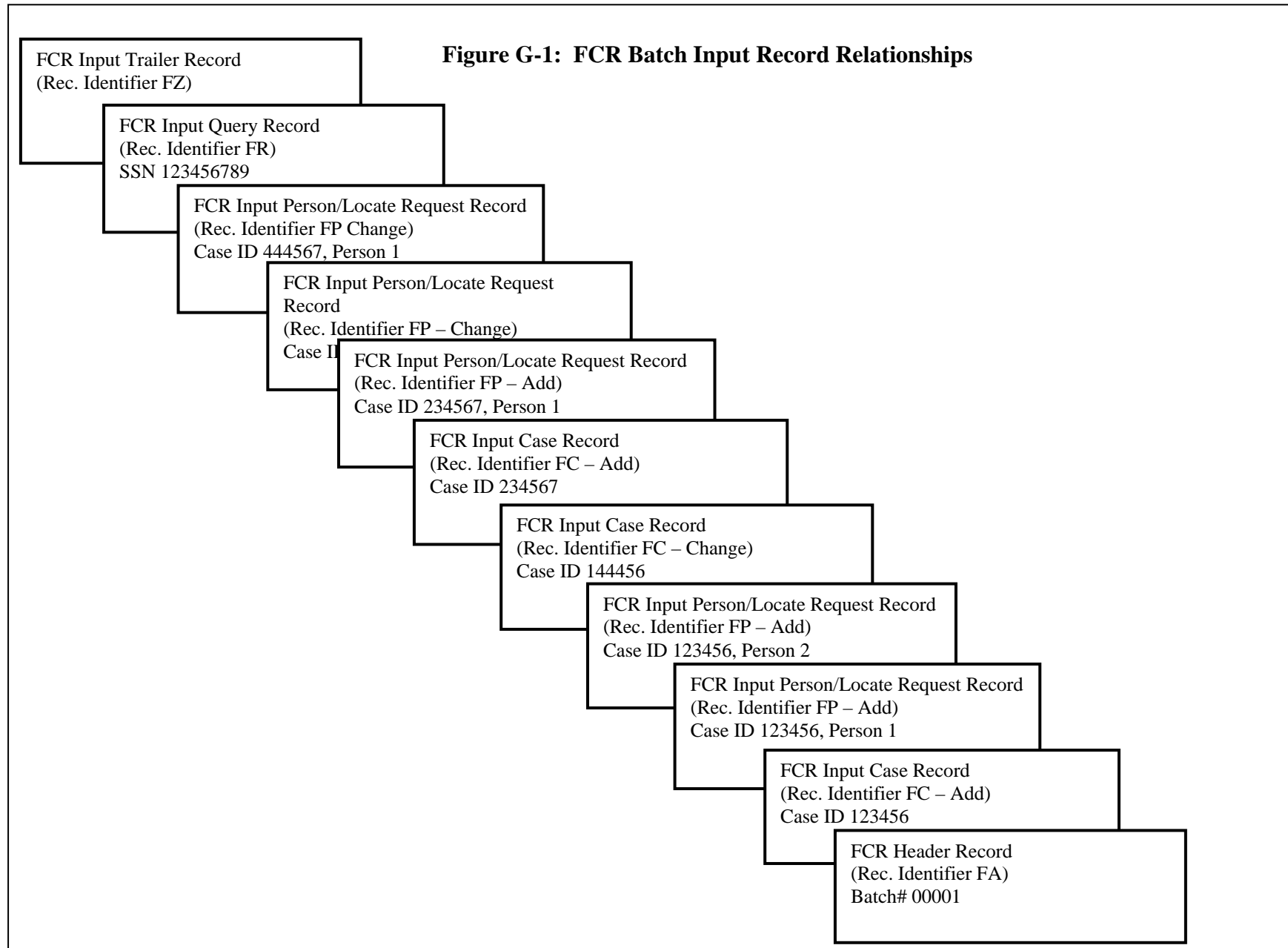| CHART G-1:  INPUT RECORD LAYOUTS ACCEPTED BY THE FCR | |
| --- | --- |
| Input Record Name | Record Purpose |
|  | when a person is added to, or changed on, the FCR. Refer to Section 6.10, "Proactive Matching".) <br><br> Five explanations of this record are provided in this appendix based on the action being requested: add a person, change a person, delete a person from a case, initiate a request for locate, or terminate a Locate Request. While a single record format is used for each of these actions, the separate explanations are intended to provide a clear definition of the required and optional fields based on the record's Action Type Code. |
| FCR Input Query Record | This record contains a Record Identifier of 'FR'. <br><br> This record is used to obtain, when authorized, case and associated person(s) information from the FCR for a specific person. A submitter is authorized to submit and receive FCR information for a person whom they have registered on the FCR. |
| FCR Input Trailer Record | This record contains a Record Identifier of 'FZ'. <br><br> This record must be the last record in a batch of transactions sent to the FCR. This record indicates the total number of transactions included in the transmission. It is used to determine if the transmission was successfully completed. |

**Figure G-1:  FCR Batch Input Record Relationships**

FCR Input Trailer Record
(Rec. Identifier FZ)

FCR Input Query Record
(Rec. Identifier FR)
SSN 123456789

FCR Input Person/Locate Request Record
(Rec. Identifier FP Change)
Case ID 444567, Person 1

FCR Input Person/Locate Request
Record
(Rec. Identifier FP – Change)
Case ID

FCR Input Person/Locate Request Record
(Rec. Identifier FP – Add)
Case ID 234567, Person 1

FCR Input Case Record
(Rec. Identifier FC – Add)
Case ID 234567

FCR Input Case Record
(Rec. Identifier FC – Change)
Case ID 144456

FCR Input Person/Locate Request Record
(Rec. Identifier FP – Add)
Case ID 123456, Person 2

FCR Input Person/Locate Request Record
(Rec. Identifier FP – Add)
Case ID 123456, Person 1

FCR Input Case Record
(Rec. Identifier FC – Add)
Case ID 123456

FCR Header Record
(Rec. Identifier FA)
Batch# 00001

| CHART G-2: FCR TRANSMISSION HEADER RECORD | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This field must contain the characters 'FA'. |
| Transmitter State/Territory Code | 3-4 | 2 | A/N | **Required**<br>This field must contain the two-digit numeric FIPS Code of the state or territory that is transmitting data to the FCR. Refer to Appendix F, "State and Territory Abbreviations and FIPS Codes," or Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. |
| Version Control Number | 5-9 | 5 | A/N | **Required**<br>This field must contain the numbers '01.00'. OCSE will notify the states and territories when this field changes. |
| Date Stamp | 10-17 | 8 | N | **Required**<br>This field must contain the date of transmission to the FCR. This must be in CCYYMMDD format. |
| Batch Number | 18-23 | 6 | A/N | **Required**<br>This field should be a sequential number generated by the transmitting state or territory. Do not repeat batch numbers. |
| Filler | 24-640 | 617 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-3:  FCR INPUT CASE RECORD – ADD A CASE TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This field must contain the characters 'FC'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br>This field must contain 'A' to indicate the record is to add a new Case to the FCR. |
| Case ID | 4-18 | 15 | A/N | **Required**<br>This field must contain a unique identifier assigned to the case by the submitter. It must not be all spaces or all zeroes, and the first position must not be a space. |
| Case Type | 19 | 1 | A/N | **Required**<br>This field must contain one of the following codes to indicate the type of case being added:<br>F  – IV-D<br>N  – Non IV-D |
| Order Indicator | 20 | 1 | A/N | **Required**<br>This field must contain one of the following codes:<br>Y  – The state system has a record of the existence of a child support order that is applicable to this case.<br>N  – The state system has no record of the existence of a child support order that is applicable to this case. |
| FIPS County Code | 21-23 | 3 | A/N | **Optional**<br>Submitters may use this field to specify the county office responsible for the case. This field must be positions three through five of the numeric FIPS State/Territory and County Codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4 (April 1995) for a list of these codes. In |

| CHART G-3:  FCR INPUT CASE RECORD – ADD A CASE TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
|  |  |  |  | addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. The information included in this field will be stored on the FCR and included in FCR Query and Proactive Match Response records. |
| Filler | 24-25 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |
| User Field | 26-40 | 15 | A/N | **Optional**<br><br>This field may be used for submitter-identifying information. The information included in this field will be stored on the FCR and returned with the Acknowledgement/Error Response. |
| Previous Case ID | 41-55 | 15 | A/N | **Not Allowed**<br>This field must be spaces when a case is being added to the FCR. |
| Filler | 56-640 | 585 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-4:  FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This must contain the characters 'FC'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br>This field must contain a 'C' to change a case previously added to the FCR by the submitter. |
| Case ID | 4-18 | 15 | A/N | **Required**<br>If the Previous Case ID is not spaces or greater than zeros, this field must match the Case ID that was used to add the case to the FCR.<br>If the Previous Case ID is not spaces and is greater than zero, this field is used to change the Case ID on the FCR. It must not be all spaces or all zeroes, and the first position must not be a space. |
| Case Type | 19 | 1 | A/N | **Optional**<br>This field must contain a space or one of the following codes to indicate the new Case Type:<br>F  – IV-D<br>N – Non IV-D<br>A space indicates that a change to the Case Type is not required. |
| Order Indicator | 20 | 1 | A/N | **Optional**<br>This field can be used to change the Order Indicator on the case. It must equal a space or one of the following codes:<br>Y  – The state system has a record of the existence of a child support order applicable to this case.<br>N  – The state system has no record of the existence of a child support order applicable to this case.<br>A space indicates that a change to the Order Indicator is not required. |

| CHART G-4:  FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| FIPS County Code | 21-23 | 3 | A/N | **Optional**<br>Submitters may use this field for their internal purposes to change the county office responsible for the case. If present, this field must be positions three through five of the numeric FIPS State/Territory and County Codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov.<br>The information included in this field will be stored on the FCR and included in FCR Query and Proactive Match Response records.<br>Spaces indicate that a change to the FIPS County Code is not required. |
| Filler | 24-25 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |
| User Field | 26-40 | 15 | A/N | **Optional**<br>This field may be used for submitter identifying information. The information included in this field will be stored on the FCR and returned with the Acknowledgement/Error Response. |
| Previous Case ID | 41-55 | 15 | A/N | **Optional**<br>This field may be used to change the Case ID for a case previously added to the FCR. If a Change Transaction is submitted to change the Case ID, this field must contain the Case ID used to add the case to the FCR. If present, this field must be different from the Case ID entered in this record and the first position cannot be a space. This field must match to a case on the FCR. If the Change Transaction can be matched to the FCR, the information in the Case ID field will be the state's new Case ID on the FCR for the case and related persons.<br>All spaces in this field indicate that a change to the Case ID is not being made. |

| CHART G-4:  FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Filler | 56-640 | 585 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-5:  FCR INPUT CASE RECORD – DELETE A CASE FROM THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This must contain the characters 'FC'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br>This field must contain a 'D' to delete a case that was previously added to the FCR by the submitter. |
| Case ID | 4-18 | 15 | A/N | **Required**<br>This field must contain the Case ID that was used to add the case to the FCR. It must not be all spaces or all zeroes, and the first position must not be a space. |
| Case Type | 19 | 1 | A/N | **Not Used**<br>Any entry in this field will be ignored for a Delete Transaction. |
| Order Indicator | 20 | 1 | A/N | **Not Used**<br>Any entry in this field will be ignored for a Delete Transaction. |
| FIPS County Code | 21-23 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for a Delete Transaction. |
| Filler | 24-25 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |
| User Field | 26-40 | 15 | A/N | **Optional**<br>This field may be used for submitter-identifying information. The information included in this field will be returned with the Acknowledgement/Error Response Record.<br>This field is not used to match the Delete Transaction to the FCR case. |
| Previous Case ID | 41-55 | 15 | A/N | **Not Allowed**<br>This field must be all spaces. |

| CHART G-5:  FCR INPUT CASE RECORD – DELETE A CASE FROM THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Filler | 56-640 | 585 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-6: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This field must contain the characters 'FP'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br>This field must contain an 'A' to add a person to a case on the FCR. |
| Case ID | 4-18 | 15 | A/N | **Required**<br>This field must contain the unique identifier assigned to the person's case by the state/territory. It must not be all spaces or all zeroes, and the first position must not be a space. |
| Filler | 19-20 | 2 | A/N | **Reserved for Internal Processing** |
| User Field | 21-35 | 15 | A/N | **Optional**<br>This field can be used by the submitter for identifying information. The information included in this field will be returned with the Acknowledgement/Error Response and, when applicable, the Locate response. |
| FIPS County Code | 36-38 | 3 | A/N | **Optional**<br>Submitters may use this field for their internal purposes. If present, this field must be positions three through five of the numeric FIPS state/Territory and County Codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. The information included in this field will be returned with the Acknowledgement/Error Response. |
| Filler | 39-40 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |

| CHART G-6:  FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Locate Request Type | 41-42 | 2 | A/N | **Optional**<br><br>This field can be used to initiate a Locate Request when the person is being added to the FCR. The field must contain the following code or spaces:<br>CS  – Request for IV-D purposes<br>The Locate Request Type must be consistent with the person's Case Type. Refer to<br>Chart 6-14, "Types of Locate Requests", for an explanation of the information available based on the Locate Request Type Code. |
| Bundle FPLS Locate Results | 43 | 1 | A/N | **Optional**<br><br>This field can be used when external Locate Requests are being initiated as the person is being added to the FCR. This field must contain a space or one of the following codes:<br>N – FPLS Locate Responses do not need to be held and bundled together.<br>Y – Return all FPLS Locate Responses generated for this request together. The FCR will default to 'N'. This field is passed to the existing FPLS when more than one external Locate source is requested. |
| Participant Type | 44-45 | 2 | A/N | **Required**<br><br>This field must contain one of the following codes to define the person's Participant Type in the case:<br>CH  – Child<br>CP  – Custodial Party<br>NP  – Non-custodial Parent<br>PF  – Putative Father (allowed for IV-D cases only) |
| Family Violence | 46-47 | 2 | A/N | **Optional**<br><br>This field must be spaces or a value of:<br>FV  – Person associated with Family Violence. |
| Member ID | 48-62 | 15 | A/N | **Required**<br><br>This field must contain a submitter-assigned Member ID. |

| CHART G-6:  FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Sex Code | 63 | 1 | A/N | **Conditionally Required**<br>This field must be an 'M', 'F' or space. This information should be provided whenever possible to assist in the SSN verification process.<br>If an SSN is not submitted and ESKARI information is present, this field must equal 'F' or 'M'. |
| Date of Birth | 64-71 | 8 | A/N | **Conditionally Required**<br>This field must be a valid date in CCYYMMDD format or spaces.<br>If this field is not present, either the SSN or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person. |
| SSN | 72-80 | 9 | A/N | **Conditionally Required**<br>This field should be provided for each person. If it is not present, either the Date of Birth, or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person.<br>If present, this field must be numeric. It must not be all zeroes, all sixes or all nines. |
| Previous SSN | 81-89 | 9 | A/N | **Not Allowed**<br>This field must be spaces when a person is being added to the FCR**.** |
| First Name | 90-105 | 16 | A/N | **Required**<br>This field must contain at least one alphabetic character.<br>No special characters or imbedded spaces can be present. |
| Middle Name | 106-121 | 16 | A/N | **Optional**<br>This field must contain spaces or alphabetic characters.<br>If present, it must be at least one alphabetic character. No special characters or imbedded spaces can be present. |

| CHART G-6: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Last Name | 122-151 | 30 | A/N | **Required**<br>This field must contain at least one alphabetic character.<br>No imbedded blanks or special characters, except a hyphen, can be present. |
| City of Birth | 152-167 | 16 | A/N | **Optional**<br>This field must be all spaces or valid alphabetic characters with no imbedded spaces. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR", for an explanation of this process and the combination of fields required. |
| State or Country of Birth | 168-171 | 4 | A/N | **Optional**<br>If present, this field must be one of the following:<br>• the two-character alphabetic FIPS Code of the State of Birth, left-justified,<br>• the two-character alphabetic FIPS Code of the Country of Birth and an asterisk, left-justified,<br>• four-character alphanumeric FIPS Code of the Country and Province of Birth, or all spaces.<br>This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR", for an explanation of this process and the combination of fields required.<br>For valid codes, refer to Appendix F, "State and Territory Abbreviations and FIPS Codes", or to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 10-4 for the FIPS Country Codes and FIPS PUB 6-4 (April 1995) for a list of the state |

| CHART G-6: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| | | | | codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. |
| Father's First Name | 172-187 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or all spaces. No special characters or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Father's Last Name is not present, this field must contain spaces. |
| Father's Middle Initial | 188 | 1 | A/N | **Optional**<br>This field must be alphabetic or a space.<br>If the Father's First Name and Father's Last Name are not present, this field must contain a space. |
| Father's Last Name | 189-204 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or all spaces. No special characters or imbedded spaces, except hyphens, can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Father's First Name is not present, this field must contain spaces. |
| Mother's First Name | 205-220 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or all spaces. No special characters or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify |

| CHART G-6: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| | | | | the person's SSN.<br>If the Mother's Maiden Name is not present, this field must contain spaces. |
| Mother's Middle Initial | 221 | 1 | A/N | **Optional**<br>This field must be alphabetic or a space.<br>If the Mother's First Name and Mother's Maiden Name are not present, this field must be a space.<br>If the Mother's First Name and Mother's Maiden Name are not present, this field must contain a space. |
| Mother's Maiden Name | 222-237 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces, except hyphens, can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Mother's First Name is not present, this field must contain spaces. |
| IRS-U SSN | 238-246 | 9 | A/N | **Conditionally Required**<br>This field is used to enter the SSN of the spouse of the person being added or located via the FCR when there is reason to believe a joint Federal tax return has been filed by the persons. The SSN of the custodial parent is entered in this field. Include this information in the record only to request that the FCR access IRS information to obtain the SSN. The FCR will only access IRS information to identify an SSN when this field is present and all other SSN identification sources fail to identify an SSN.<br>If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.<br>If this field is not present, either the Date of Birth or the SSN must be present so the FCR can attempt to identify an SSN for the person. |

| CHART G-6: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional SSN 1 | 247-255 | 9 | A/N | **Optional**<br>This field can be used to submit an additional SSN for the person when multiple SSNs are applicable.<br>If present, this field must be numeric. It must not be all zeroes, all sixes or all nines. |
| Additional SSN 2 | 256-264 | 9 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field 'Additional SSN 1'. |
| Additional First Name 1 | 265-280 | 16 | A/N | **Optional**<br>This field is used to record an additional or alias first name on the FCR for the person.<br>If the Additional Last Name 1 is present, this field must be at least one alphabetic character. No special characters or imbedded spaces can be present.<br>If the Additional Last Name 1 is not present, this field must be spaces. |
| Additional Middle Name 1 | 281-296 | 16 | A/N | **Optional**<br>This field is used to record an additional or alias middle name on the FCR for the person.<br>If present, it must be at least one alphabetic character. No special characters or imbedded spaces can be present.<br>If the Additional First Name 1 and Additional Last Name 1 are not present, this field must be spaces. |
| Additional Last Name 1 | 297-326 | 30 | A/N | **Optional**<br>This field is used to record an additional or alias last name on the FCR for the person.<br>If the Additional First Name 1 is present, this field must be at least one alphabetic character. No special characters, except hyphens, or imbedded |

| CHART G-6:  FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| | | | | spaces can be present.<br>If the Additional First Name 1 is not present, this field must be spaces. |
| Additional First Name 2 | 327-342 | 16 | A/N | **Optional**<br>If present, this field must conform to specifications in the field Additional First Name 1. |
| Additional Middle Name 2 | 343-358 | 16 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field Additional Middle<br>Name 1. |
| Additional Last Name 2 | 359-388 | 30 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field Additional Last Name 1. |
| Additional First Name 3 | 389-404 | 16 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field Additional First Name 1. |
| Additional Middle Name 3 | 405-420 | 16 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field Additional Middle<br>Name 1. |
| Additional Last Name 3 | 421-450 | 30 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field Additional Last Name 1. |
| Additional First Name 4 | 451-466 | 16 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field Additional First Name 1. |

| CHART G-6: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional Middle Name 4 | 467-482 | 16 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional Middle<br>Name 1. |
| Additional Last Name 4 | 483-512 | 30 | A/N | **Optional**<br><br>If present, this field must conform to specifications in the field Additional Last Name 1. |
| New Member ID | 513-527 | 15 | A/N | **Not Allowed**<br>This field must be all spaces. |
| IRS-1099 | 528 | 1 | A/N | **Optional**<br>This field is used to initiate a request for Locate from the IRS-1099 when the person is being added to the FCR.<br>This field must be a space or a 'Y'. A 'Y' indicates that the submitter is requesting IRS-1099 as a Locate source. IRS-1099 data is only available to states and territories that have an approved IRS-1099 agreement with OCSE. |
| Locate Source 1 | 529-531 | 3 | A/N | **Optional**<br>This field is used to initiate a request for Locate processing when the person is being added to the FCR.<br>This field must be spaces or one of the following codes:<br>ALL – Send search request to all available Locate sources (Does not include IRS-1099).<br>A01 – Send a search request to the Department of Defense. This code also sends a search request to the Office of Personnel Management.<br>A02 – Send a search request to the Federal Bureau of Investigation for their employees.<br>C01 – Send a search request to the IRS (non-1099).<br>E01 – Send a search request to the Social Security Administration. |

| CHART G-6:  FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| | | | | F01    – Send a search request to the Department of Veterans Affairs.<br>Spaces   – No Locate requested.<br>Note:  The NDNH is not an applicable Locate Source when a person is being added to the FCR because the FCR will automatically search and return NDNH data when a 'CP', 'NP' or 'PF' participant in a IV-D case is added to the FCR. |
| Locate Source 2 | 532-534 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in the Locate Source 1 field except 'ALL'.<br>Locate Source codes must be entered using each available Locate Source field consecutively.<br>Locate Source Codes must not be duplicated in a record. |
| Locate Source 3 | 535-537 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 4 | 538-540 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 5 | 541-543 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 6 | 544-546 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 7 | 547-549 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |

| CHART G-6: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Locate Source 8 | 550-552 | 3 | A/N | **Optional**<br><br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Filler | 553-640 | 88 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-7:  FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This field must contain the characters 'FP'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br>This field must contain a 'C' in order to change information for a person previously added to the FCR. |
| Case ID | 4-18 | 15 | A/N | **Required**<br>This field must contain the Case ID that was previously stored on the FCR for the person. It must not be all spaces or all zeroes, and the first position must not be a space. |
| Filler | 19-20 | 2 | A/N | **Reserved for Internal Processing**<br>This field must be spaces. |
| User Field | 21-35 | 15 | A/N | **Optional**<br>This field may be used by the submitter for identifying information. The information included in this field will be returned with the Acknowledgement/Error Response and, when applicable, the Locate Response. |
| FIPS County Code | 36-38 | 3 | A/N | **Optional**<br>Submitters may use this field for their internal purposes. If present, this field must be positions three through five of the numeric FIPS State/Territory and County Codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. The information included in this field will be returned with the Acknowledgement/Error Response. |

| CHART G-7: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Filler | 39-40 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |
| Locate Request Type | 41-42 | 2 | A/N | **Optional**<br>This field can be used to initiate a request for Locate processing when the person information on the FCR is being changed.<br>This field must contain the following code or spaces:<br>CS  – Request for IV-D purposes<br>The Locate Request Type must be consistent with the person's Case Type. Refer to Chart 6-14, "Types of Locate Requests", for an explanation of the information available based on the Locate Request Type Code. |
| Bundle FPLS Locate Results | 43 | 1 | A/N | **Optional**<br>This field can be used when external Locate Requests are being initiated as the person information is being changed on the FCR. This field must contain a space or one of the following codes:<br>N – FPLS Locate Responses do not need to be held and bundled together.<br>Y – Return all FPLS Locate Responses generated for this request together. The FCR will default to 'N'. This field is passed to the existing FPLS when more than one external Locate sources is requested. |
| Participant Type | 44-45 | 2 | A/N | **Optional**<br>This field can be used to change the person's participant type on the FCR. This field must contain spaces or one of the following codes:<br>CP  – Custodial Party<br>CH  – Child<br>NP  – Non-custodial Parent<br>PF  – Putative Father (allowed for IV-D cases only)<br>Spaces indicate that the Participant Type for the person on the FCR is not being changed. |

| CHART G-7: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Family Violence | 46-47 | 2 | A/N | **Optional**<br>This field can be used to add or remove the Family Violence indicator on the FCR for the person.<br>This field must be spaces or one of the following values:<br>FV – Family Violence associated with the person.<br>XX – Remove existing Family Violence indicator from the FCR for the person.<br>Spaces indicate that there is no change to the Family Violence Indicator. |
| Member ID | 48-62 | 15 | A/N | **Required**<br>This field must contain the submitter-assigned Member ID that was used to add the person to the FCR. |
| Sex Code | 63 | 1 | A/N | **Conditionally Required**<br>This field must be an 'M', 'F' or space. If possible, this information should be provided when changing the person's SSN or submitting an additional SSN for the person. It is useful in the SSN verification.<br>If an SSN is not submitted and ESKARI information is present, this field must equal 'F' or 'M'. |
| Date of Birth | 64-71 | 8 | A/N | **Optional**<br>This field must be spaces or a valid date in CCYYMMDD format. If possible, this information should be provided when changing the person's SSN or submitting an additional SSN for the person for use in the SSN verification.<br>If the Change Transaction does not involve a change to the SSN, the Date of Birth, if present, is not used to update the existing Date of Birth on the FCR for a person with a verified SSN. |

| CHART G-7:  FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| SSN | 72-80 | 9 | A/N | **Conditionally Required**<br>If the Previous SSN is not spaces or zeroes, this field must be present.<br>If present, this field must be numeric. It must not be all zeroes, all sixes or all nines. |
| Previous SSN | 81-89 | 9 | A/N | **Optional**<br>This field is used to identify the SSN that was used to add the person to the FCR.<br>If present, it must be numeric and match to the SSN of the person on the FCR. It must not be all zeroes, all sixes or all nines. When this field is not equal to spaces, the Primary SSN field must contain the new SSN for the person. |
| First Name | 90-105 | 16 | A/N | **Optional**<br>This field must be spaces or at least one alphabetic character. No special characters or imbedded spaces can be present.<br>This field must be present when changing the person's SSN on the FCR or adding an additional SSN for the person.<br>If the Last Name is not present, this field must be spaces. |
| Middle Name | 106-121 | 16 | A/N | **Optional**<br>This field must not contain special characters or imbedded spaces.<br>If the First Name and Last Name are not present, this field must be spaces. |
| Last Name | 122-151 | 30 | A/N | **Optional**<br>This field must be spaces or at least one alphabetic character.<br>No imbedded spaces or special characters, except a hyphen, can be present.<br>This field must be present when changing the person's SSN on the FCR or adding an Additional SSN for the person.<br>If the First Name is not present, this field must be spaces. |

| CHART G-7: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| City of Birth | 152-167 | 16 | A/N | **Optional**<br><br>This field must be all spaces or valid alphabetic characters with no imbedded spaces. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR", for an explanation of this process and the combination of fields required. |
| State or Country of Birth | 168-171 | 4 | A/N | **Optional**<br>If present, this field must be one of the following:<br>• the two-character alphabetic FIPS Code of the State of Birth, left-justified,<br>• the two-character alphabetic FIPS Code of the Country of Birth and an asterisk, left-justified,<br>• the four-character alphanumeric FIPS Code of the Country and Province of Birth, or all spaces.<br>This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR", for an explanation of this process and the combination of fields required.<br>For valid codes, refer to Appendix F, "State and Territory Abbreviations and FIPS Codes", or to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 10-4 for the FIPS country codes and FIPS PUB 6-4 (April 1995) for a list of the state codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. |

| CHART G-7: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Father's First Name | 172-187 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Father's Last Name is not present, this field must contain spaces. |
| Father's Middle Initial | 188 | 1 | A/N | **Optional**<br>This field must be alphabetic or a space.<br>If the Father's First Name and Father's Last Name are not present, this field must contain a space. |
| Father's Last Name | 189-204 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or spaces. No special characters, except hyphens, or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Father's First Name is not present, this field must contain spaces. |
| Mother's First Name | 205-220 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Mother's Maiden Name is not present, this field must contain spaces. |

| CHART G-7: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Mother's Middle Initial | 221 | 1 | A/N | **Optional** <br><br> This field must be alphabetic or a space. <br> If the Mother's First Name and Mother's Maiden Name are not present, this field must contain a space. |
| Mother's Maiden Name | 222-237 | 16 | A/N | **Optional** <br><br> This field must be at least one alphabetic character or spaces. No special characters, except hyphens, or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN. <br> If the Mother's First Name is not present, this field must contain spaces. |
| IRS-U SSN | 238-246 | 9 | A/N | **Optional** <br><br> This field is used to enter the SSN of the spouse of the person being added or located via the FCR, when there is reason to believe a joint Federal tax return has been filed by the persons. The SSN of the spouse of the NCP is entered in this field. Include this information in the record only to request that the FCR access IRS information to obtain the SSN. The FCR will only access IRS information to identify an SSN when this field is present and all other SSN identification sources fail to identify an SSN. <br> If present, this field must be numeric. It must not be all zeroes, all sixes or all nines. |
| Additional SSN 1 | 247-255 | 9 | A/N | **Optional** <br><br> This field can be used to submit an additional SSN for the person when multiple SSNs are applicable. <br> If present, this field must be numeric. It must not be all zeroes, all sixes or all nines. |

| CHART G-7: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional SSN 2 | 256-264 | 9 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional SSN 1. |
| Additional First Name 1 | 265-280 | 16 | A/N | **Optional**<br><br>This field can be used to add or change an Additional First Name for a person that was previously added to the FCR.<br>If the Additional Last Name 1 is present, this field must contain at least one alphabetic character. No special characters or imbedded spaces can be present.<br>If the Additional Last Name 1 is not present, this field must be spaces. |
| Additional Middle Name 1 | 281-296 | 16 | A/N | **Optional**<br><br>This field can be used to change or add an Additional Middle Name for a person that was previously added to the FCR.<br>This field must be spaces or at least one alphabetic character. No special characters or imbedded spaces can be present. If the Additional First Name 1 and Additional Last Name 1 are not present, this field must be spaces. |
| Additional Last Name 1 | 297-326 | 30 | A/N | **Optional**<br><br>This field can be used to submit or change the Additional Last Name for a person that was previously added to the FCR.<br>If the Additional First Name 1 is present, this field must be at least one alphabetic character. No special characters, except hyphens, or imbedded spaces can be present.<br>If the Additional First Name 1 is not present, this field must be spaces. |
| Additional First Name 2 | 327-342 | 16 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional First Name 1. |

| CHART G-7: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional Middle Name 2 | 343-358 | 16 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional Middle<br>Name 1. |
| Additional Last Name 2 | 359-388 | 30 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional Last Name 1. |
| Additional First Name 3 | 389-404 | 16 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional First Name 1. |
| Additional Middle Name 3 | 405-420 | 16 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional Middle<br>Name 1. |
| Additional Last Name 3 | 421-450 | 30 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional Last Name 1. |
| Additional First Name 4 | 451-466 | 16 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional First Name 1. |
| Additional Middle Name 4 | 467-482 | 16 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional Middle<br>Name 1. |

| CHART G-7:  FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional Last Name 4 | 483-512 | 30 | A/N | **Optional**<br><br>If present, this field must conform to the specifications in the field Additional Last Name 1. |
| New Member ID | 513-527 | 15 | A/N | **Optional**<br><br>This field is used to change the submitter-assigned Member ID for the person on the FCR. |
| IRS-1099 | 528 | 1 | A/N | **Optional**<br><br>This field may be used to initiate a request for Locate from the IRS-1099 when changing the person information on the FCR.<br>This field must be a space or a 'Y'. A 'Y' indicates that the submitter is requesting IRS-1099 as a Locate source. IRS-1099 data is only available to states and territories that have an approved IRS-1099 agreement with OCSE. |
| Locate Source 1 | 529-531 | 3 | A/N | **Optional**<br><br>This field is used to initiate a request for Locate processing when changing the person on the FCR.<br>This field must be spaces or one of the following valid Locate Source Codes:<br>ALL  – Send search request to all available Locate sources (Does not include IRS-1099).<br>A01  – Send a search request to the Department of Defense. This code also sends a search request to the Office of Personnel Management.<br>A02  – Send a search request to the Federal Bureau of Investigation for their employees.<br>C01  – Send a search request to the IRS (non-1099).<br>E01  – Send a search request to the Social Security Administration.<br>F01  – Send a search request to the Department of Veterans Affairs.<br>H01  – Request a search of the National Directory of New Hires. |

| CHART G-7:  FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
|  |  |  |  | Spaces – No Locate requested. |
| Locate Source 2 | 532-534 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in the Locate Source 1 field except 'ALL'.<br>Locate Source Codes must not be duplicated in a record.<br>Locate Source codes must be entered using each available Locate Source field consecutively. |
| Locate Source 3 | 535-537 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 4 | 538-540 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 5 | 541-543 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 6 | 544-546 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 7 | 547-549 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 8 | 550-552 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |

| CHART G-7:  FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Filler | 553-640 | 88 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-8: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This field must contain the characters 'FP'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br>This field must contain a 'D' to delete a person from a single case previously added to the FCR. |
| Case ID | 4-18 | 15 | A/N | **Required**<br>The Case ID must match the Case ID that was previously associated with the person on the FCR. It must not be all spaces or all zeroes, and the first position must not be a space. |
| Filler | 19-20 | 2 | A/N | **Reserved for Internal Processing**<br>This field must be spaces. |
| User Field | 21-35 | 15 | A/N | **Optional**<br>This field may be used by the submitter for identifying information. The information included in this field will be returned with the Acknowledgement/Error Response. |
| FIPS County Code | 36-38 | 3 | A/N | **Optional**<br>Submitters may use this field for their internal purposes. If present, this field must be positions three through five of the numeric FIPS State/Territory and County Codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov**.** The information included in this field will be returned with the Acknowledgement/Error Response. |
| Filler | 39-40 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |

| CHART G-8: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Locate Request Type | 41-42 | 2 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Bundle FPLS Locate Results | 43 | 1 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Participant Type | 44-45 | 2 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Family Violence | 46-47 | 2 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Member ID | 48-62 | 15 | A/N | **Required**<br>This field must contain the submitter-assigned Member ID that was used to add the person to the FCR. |
| Sex Code | 63 | 1 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Date of Birth | 64-71 | 8 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| SSN | 72-80 | 9 | A/N | **Optional**<br>This field must be spaces or the SSN used to add the person to the FCR. If present, the FCR will use this field to confirm the match for the Delete Transaction to the person on the FCR. If present, this field must be numeric and match to the SSN of the person on the FCR. It must not be all zeroes, all sixes or all nines. |
| Previous SSN | 81-89 | 9 | A/N | **Not Allowed**<br>This field must be spaces. |

| CHART G-8:  FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| First Name | 90-105 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Middle Name | 106-121 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Last Name | 122-151 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| City of Birth | 152-167 | 16 | A/N | **Not Allowed**<br>This field must be spaces. |
| State or Country of Birth | 168-171 | 4 | A/N | **Not Allowed**<br>This field must be spaces. |
| Father's First Name | 172-187 | 16 | A/N | **Not Allowed**<br>This field must be spaces. |
| Father's Middle Initial | 188 | 1 | A/N | **Not Allowed**<br>This field must be a space. |
| Father's Last Name | 189-204 | 16 | A/N | **Not Allowed**<br>This field must be spaces. |
| Mother's First Name | 205-220 | 16 | A/N | **Not Allowed**<br>This field must be spaces. |
| Mother's Middle Initial | 221 | 1 | A/N | **Not Allowed**<br>This field must be a space. |
| Mother's Maiden Name | 222-237 | 16 | A/N | **Not Allowed**<br>This field must be spaces. |

| CHART G-8: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| IRS-U SSN | 238-246 | 9 | A/N | **Not Allowed** <br> This field must be spaces. |
| Additional SSN 1 | 247-255 | 9 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional SSN 2 | 256-264 | 9 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional First Name 1 | 265-280 | 16 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional Middle Name 1 | 281-296 | 16 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional Last Name 1 | 297-326 | 30 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional First Name 2 | 327-342 | 16 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional Middle Name 2 | 343-358 | 16 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional Last Name 2 | 359-388 | 30 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional First Name 3 | 389-404 | 16 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |
| Additional Middle Name 3 | 405-420 | 16 | A/N | **Not Used** <br> Any entry in this field will be ignored for the Delete Transaction. |

| CHART G-8: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional Last Name 3 | 421-450 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Additional First Name 4 | 451-466 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Additional Middle Name 4 | 467-482 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Additional Last Name 4 | 483-512 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| New Member ID | 513-527 | 15 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| IRS-1099 | 528 | 1 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Locate Source 1 | 529-531 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Locate Source 2 | 532-534 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Locate Source 3 | 535-537 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Locate Source 4 | 538-540 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Locate Source 5 | 541-543 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |

| CHART G-8: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Locate Source 6 | 544-546 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Locate Source 7 | 547-549 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Locate Source 8 | 550-552 | 3 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Delete Transaction. |
| Filler | 553-640 | 88 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-9:  FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This field must contain the characters 'FP'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br>This field must contain an 'L' to initiate a request for Locate processing for a person not being added to the FCR, or for a person who was previously added to the FCR. |
| Case ID | 4-18 | 15 | A/N | **Conditionally Required**<br>If the Locate Request Type equals 'CS', this field must contain a unique identifier assigned to a IV-D case on the FCR for the person by the state or territory. If the person is in multiple IV-D cases in the submitter's system, the submitter must select one of the Case IDs for the transaction. Locate requests for each Case ID should not be submitted.<br>If the Locate Request Type does not equal 'CS', this field must contain all spaces or a unique identifier assigned by the submitter. If Case ID is present, it must not be all zeroes and the first position cannot be a space. |
| Filler | 19-20 | 2 | A/N | **Reserved for Internal Processing**<br>This field must be spaces. |
| User Field | 21-35 | 15 | A/N | **Optional**<br>This field may be used by the submitter for identifying information. The information included in this field will be returned with the Acknowledgement/Error Response and the Locate Response. |
| FIPS County Code | 36-38 | 3 | A/N | **Optional**<br>Submitters may use this field for their internal purposes. If present, this field must be positions three through five of the numeric FIPS State/Territory and County Codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS |

| CHART G-9:  FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| | | | | PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. The information included in this field will be returned with the Locate response. |
| Filler | 39-40 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |
| Locate Request Type | 41-42 | 2 | A/N | **Required**<br>This field must contain one of the following codes:<br>AD  – Request for Adoption or Foster Care purposes<br>CS   – Request for IV-D purposes<br>CV  – Request for Custody and Visitation Establishment or Enforcement purposes<br>LC   – Request for Locate Only for Child Support purposes<br>PK   – Request for Parental Kidnapping purposes<br>Refer to Chart 6-14, "Types of Locate Requests", for an explanation of the information available based on the Locate Request Type Code. |
| Bundle FPLS Locate Results | 43 | 1 | A/N | **Optional**<br>This field is used when external Locate sources are being requested. This field must contain a space or one of the following codes:<br>N – FPLS Locate Responses do not need to be held and bundled together.<br>Y – Return all FPLS Locate Responses generated for this request together. The FCR will default to 'N'. This field is passed to the existing FPLS when more than one external Locate source is requested. |
| Participant Type | 44-45 | 2 | A/N | **Not Allowed**<br>This field must be spaces. |
| Family Violence | 46-47 | 2 | A/N | **Not Allowed**<br>This field must be spaces. |

| CHART G-9:  FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Member ID | 48-62 | 15 | A/N | **Optional** <br><br> This field may be all spaces or the submitter-assigned Member ID. |
| Sex Code | 63 | 1 | A/N | **Conditionally Required** <br><br> This field must be an 'M', 'F' or space. This information should be provided whenever possible to assist in the SSN verification process. <br> If an SSN is not submitted and ESKARI information is present, this field must equal 'F' or 'M'. |
| Date of Birth | 64-71 | 8 | A/N | **Conditionally Required** <br><br> This field must be spaces or a valid date in CCYYMMDD format. <br> If this field is not present, either the SSN or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person. |
| SSN | 72-80 | 9 | A/N | **Conditionally Required** <br><br> If this field is not present, either the Date of Birth or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person. <br> If present, this field must be numeric. It must not be all zeroes, all sixes or all nines. |
| Previous SSN | 81-89 | 9 | A/N | **Not Allowed** <br><br> This field must be spaces. |
| First Name | 90-105 | 16 | A/N | **Required** <br><br> At least one alphabetic character must be present. <br> No special characters or imbedded spaces can be present. |
| Middle Name | 106-121 | 16 | A/N | **Optional** <br><br> This field must not contain special characters or imbedded spaces. |
| Last Name | 122-151 | 30 | A/N | **Required** <br><br> At least one alphabetic character must be present. No imbedded blanks or special characters, except a hyphen, can be present. |

| CHART G-9: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| City of Birth | 152-167 | 16 | A/N | **Optional**<br><br>This field must be all spaces or valid alphabetic characters with no imbedded spaces. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR", for an explanation of this process and the combination of fields required. |
| State or Country of Birth | 168-171 | 4 | A/N | **Optional**<br><br>If present, this field must be one of the following:<br>• the two-character alphabetic FIPS Code of the State of Birth, left-justified,<br>• the two-character alphabetic FIPS Code of the Country of Birth and an asterisk, left-justified,<br>• the four-character alphanumeric FIPS Code of the Country and Province of Birth, or all spaces.<br>This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR", for an explanation of this process and the combination of fields required.<br>For valid codes, refer to Appendix F, "State and Territory Abbreviations and FIPS Codes," or to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 10-4 for the FIPS country codes and FIPS PUB 6-4 (April 1995) for a list of the state codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. |
| Father's First Name | 172-187 | 16 | A/N | **Optional**<br><br>This field must be at least one alphabetic character or spaces. No special |

| CHART G-9: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| | | | | characters or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Father's Last Name is not present, this field must contain spaces. |
| Father's Middle Initial | 188 | 1 | A/N | **Optional**<br>This field must be alphabetic or a space.<br>If the Father's First Name and Father's Last Name are not present, this field must contain a space. |
| Father's Last Name | 189-204 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or spaces. No special characters, except hyphens, or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Father's First Name is not present, this field must contain spaces. |
| Mother's First Name | 205-220 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or spaces. No special characters or imbedded spaces should be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Mother's Maiden Name is not present, this field must contain spaces. |
| Mother's Middle Initial | 221 | 1 | A/N | **Optional**<br>This field must be alphabetic or a space. |

| CHART G-9: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| | | | | If the Mother's First Name and Mother's Maiden Name are not present, this field must be a space.<br>If the Mother's First Name and Mother's Maiden Name are not present, this field must contain a space. |
| Mother's Maiden Name | 222-237 | 16 | A/N | **Optional**<br>This field must be at least one alphabetic character or spaces. No special characters, except hyphens, or imbedded spaces can be present. This information may be used to assist in identifying the person's SSN when an SSN is not provided. If the SSN is not present and sufficient optional information is provided, the FCR will utilize available SSA verification routines to attempt to identify the person's SSN.<br>If the Mother's First Name is not present, this field must contain spaces. |
| IRS-U SSN | 238-246 | 9 | A/N | **Conditionally Required**<br>This field is used to enter the SSN of the spouse of the person being located via the FCR when there is reason to believe a joint Federal tax return has been filed by the persons. The SSN of the custodial parent is entered in this field. Include this information in the record only to request that the FCR access IRS information to obtain the SSN. The FCR will only access IRS information to identify an SSN when this field is present and all other SSN identification sources fail to identify an SSN.<br>If present, this field must be numeric. It must not be all zeroes, all sixes or all nines.<br>If this field is not present, either the Date of Birth or the SSN must be present so the FCR can attempt to identify an SSN for the person. |
| Additional SSN 1 | 247-255 | 9 | A/N | **Not Allowed**<br>This field must be spaces. |
| Additional SSN 2 | 256-264 | 9 | A/N | **Not Allowed**<br>This field must be spaces. |

| CHART G-9:  FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional First Name 1 | 265-280 | 16 | A/N | **Optional**<br>This field can be used to enter an alias first name for the person. Locates will be performed on up to two alias names.<br>No special characters or imbedded spaces can be present.<br>If the Additional Last Name 1 is not present, this field must be spaces. |
| Additional Middle Name 1 | 281-296 | 16 | A/N | **Optional**<br>This field can be used to enter an alias middle name for the person. Locates will be performed on up to two alias names.<br>If present, this field must be valid alphabetic characters. No special characters or imbedded spaces can be present.<br>If the Additional First Name 1 and Additional Last Name 1 are not present, this field must be spaces. |
| Additional Last Name 1 | 297-326 | 30 | A/N | **Optional**<br>This field can be used to enter an alias last name for the person. Locates will be performed on up to two alias names.<br>If the Additional First Name 1 is present, this field must be at least one alphabetic character. No special characters, except hyphens, or imbedded spaces can be present.<br>If the Additional First Name 1 is not present, this field must be spaces. |
| Additional First Name 2 | 327-342 | 16 | A/N | **Optional**<br>If present, this field must conform to specifications in the field Additional First Name 1. |
| Additional Middle Name 2 | 343-358 | 16 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field Additional Middle Name 1. |

| CHART G-9: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional Last Name 2 | 359-388 | 30 | A/N | **Optional**<br>If present, this field must conform to the specifications in the field Additional Last Name 1. |
| Additional First Name 3 | 389-404 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Locate Request Transaction. |
| Additional Middle Name 3 | 405-420 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Locate Request Transaction. |
| Additional Last Name 3 | 421-450 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Locate Request Transaction. |
| Additional First Name 4 | 451-466 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Locate Request Transaction. |
| Additional Middle Name 4 | 467-482 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Locate Request Transaction. |
| Additional Last Name 4 | 483-512 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Locate Request Transaction. |
| New Member ID | 513-527 | 15 | A/N | **Not Allowed**<br>This field must be all spaces. |
| IRS-1099 | 528 | 1 | A/N | **Optional**<br>This field may be used to initiate a request for Locate information from the IRS-1099.<br>This field must be a space or a 'Y'. A 'Y' indicates that the submitter is requesting IRS-1099 as a Locate source. IRS-1099 data is only available to states and territories that have an approved IRS-1099 agreement with OCSE. |

| CHART G-9: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Locate Source 1 | 529-531 | 3 | A/N | **Conditionally Required**<br>If the IRS-1099 field does not equal 'Y', this field must be present and one of the following Locate Source Codes:<br>ALL – Send search request to all available Locate sources (Does not include IRS-1099).<br>A01 – Send a search request to the Department of Defense. This code also sends a search request to the Office of Personnel Management.<br>A02 – Send a search request to the Federal Bureau of Investigation for their employees.<br>C01 – Send a search request to the IRS (non-1099).<br>E01 – Send a search request to the Social Security Administration.<br>F01 – Send a search request to the Department of Veterans Affairs.<br>H01 – Request a search of the National Directory of New Hires.<br>Spaces – No Locate requested. |
| Locate Source 2 | 532-534 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 1 except 'ALL'.<br>Locate Source Codes must not be duplicated in a record.<br>Locate Source Codes must be entered using each available Locate Source field consecutively. |
| Locate Source 3 | 535-537 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 4 | 538-540 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |

| CHART G-9: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Locate Source 5 | 541-543 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 6 | 544-546 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 7 | 547-549 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Locate Source 8 | 550-552 | 3 | A/N | **Optional**<br>If present, this field must be a valid Locate Source Code as defined in field Locate Source 2. |
| Filler | 553-640 | 88 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-10:  FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This field must contain the characters 'FP'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br>This field must contain a 'T' to terminate an open Locate Request. |
| Case ID | 4-18 | 15 | A/N | **Optional**<br>This field must contain all spaces or the unique identifier assigned to the case by the state/territory. If Case ID is present, it must not be all zeroes and the first position must not be a space. |
| Filler | 19-20 | 2 | A/N | **Reserved for Internal Processing**<br>This field must be spaces. |
| User Field | 21-35 | 15 | A/N | **Optional**<br>This field may be used by the submitter for identifying information. The information included in this field will be returned with the Acknowledgement/Error Response. |
| FIPS County Code | 36-38 | 3 | A/N | **Optional**<br>Submitters may use this field for their internal purposes. If present, this field must be positions three through five of the numeric FIPS State/Territory and County Codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. The information included in this field will be returned with the Acknowledgement/Error Response. |
| Filler | 39-40 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |

| CHART G-10:  FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Locate Request Type | 41-42 | 2 | A/N | **Required**<br><br>This field must contain one of the following codes and match to an open Locate on the FCR:<br>AD  – Request for Adoption or Foster Care purposes<br>CS   – Request for IV-D purposes<br>CV  – Request for Custody and Visitation Establishment or Enforcement purposes<br>LC  – Request for Locate Only for Child Support purposes<br>PK  – Request for Parental Kidnapping purposes<br>Refer to Chart 6-14, "Types of Locate Requests", for an explanation of the information available based on the Locate Request Type Code. |
| Bundle FPLS Locate Results | 43 | 1 | A/N | **Not Used**<br><br>Any entry in this field will be ignored for the Terminate Transaction. |
| Participant Type | 44-45 | 2 | A/N | **Not Used**<br><br>Any entry in this field will be ignored for the Terminate Transaction. |
| Family Violence | 46-47 | 2 | A/N | **Not Used**<br><br>Any entry in this field will be ignored for the Terminate Transaction. |
| Member ID | 48-62 | 15 | A/N | **Not Used**<br><br>Any entry in this field will be ignored for the Terminate Transaction. |
| Sex Code | 63 | 1 | A/N | **Not Used**<br><br>Any entry in this field will be ignored for the Terminate Transaction. |
| Date of Birth | 64-71 | 8 | A/N | **Not Used**<br><br>Any entry in this field will be ignored for the Terminate Transaction. |

| CHART G-10:  FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| SSN | 72-80 | 9 | A/N | **Required**<br>This field must be present.<br>This field must be numeric and match the SSN of an open Locate Request.<br>It must not be all zeroes, all sixes or all nines. |
| Previous SSN | 81-89 | 9 | A/N | **Not Allowed**<br>This field must be spaces. |
| First Name | 90-105 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Middle Name | 106-121 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Last Name | 122-151 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| City of Birth | 152-167 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| State or Country of Birth | 168-171 | 4 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Father's First Name | 172-187 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Father's Middle Initial | 188 | 1 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Father's Last Name | 189-204 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Mother's First Name | 205-220 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |

| CHART G-10: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Mother's Middle Initial | 221 | 1 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Mother's Maiden Name | 222-237 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| IRS-U SSN | 238-246 | 9 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional SSN 1 | 247-255 | 9 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional SSN 2 | 256-264 | 9 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional First Name 1 | 265-280 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional Middle Name 1 | 281-296 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional Last Name 1 | 297-326 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional First Name 2 | 327-342 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional Middle Name 2 | 343-358 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional Last Name 2 | 359-388 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |

| CHART G-10:  FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Additional First Name 3 | 389-404 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional Middle Name 3 | 405-420 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional Last Name 3 | 421-450 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional First Name 4 | 451-466 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional Middle Name 4 | 467-482 | 16 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| Additional Last Name 4 | 483-512 | 30 | A/N | **Not Used**<br>Any entry in this field will be ignored for the Terminate Transaction. |
| New Member ID | 513-527 | 15 | A/N | **Not Allowed**<br>This field must be all spaces. |
| IRS-1099 | 528 | 1 | A/N | **Conditionally Required**<br>This field must match the information submitted on the Locate Request being terminated. |
| Locate Source 1 | 529-531 | 3 | A/N | **Conditionally Required**<br>This field must match the information submitted on the Locate Request being terminated. |
| Locate Source 2 | 532-534 | 3 | A/N | **Conditionally Required**<br>This field must match the information submitted on the Locate Request being terminated. |

| CHART G-10:  FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Locate Source 3 | 535-537 | 3 | A/N | **Conditionally Required** <br> This field must match the information submitted on the Locate Request being terminated. |
| Locate Source 4 | 538-540 | 3 | A/N | **Conditionally Required** <br> This field must match the information submitted on the Locate Request being terminated. |
| Locate Source 5 | 541-543 | 3 | A/N | **Conditionally Required** <br> This field must match the information submitted on the Locate Request being terminated. |
| Locate Source 6 | 544-546 | 3 | A/N | **Conditionally Required** <br> This field must match the information submitted on the Locate Request being terminated. |
| Locate Source 7 | 547-549 | 3 | A/N | **Conditionally Required** <br> This field must match the information submitted on the Locate Request being terminated. |
| Locate Source 8 | 550-552 | 3 | A/N | **Conditionally Required** <br> This field must match the information submitted on the Locate Request being terminated. |
| Filler | 553-640 | 88 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-11:  FCR INPUT QUERY RECORD | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br><br>This field must contain the characters 'FR'. |
| Action Type Code | 3 | 1 | A/N | **Required**<br><br>This field must contain one of the following values:<br>A  – Initiate an FCR Query Request to obtain information from the submitter state, and other states, for the person on the FCR.<br>F  – Initiate an FCR Query Request to obtain information for the person from other states. |
| Case ID | 4-18 | 15 | A/N | **Required**<br><br>This field must be present and match a Case ID stored on the FCR for the person who is the object of the query. It must not be all spaces or all zeroes, and the first position must not be a space. If the person is in multiple IV-D cases in the submitter's system, please select one of the Case IDs for the transaction. FCR Input Query Records for each Case ID should not be submitted. |
| User Field | 19-33 | 15 | A/N | **Optional**<br><br>This field may be used by the submitter for identifying information. The information included in this field will be returned with the query response. |
| FIPS County Code | 34-36 | 3 | A/N | **Optional**<br><br>Submitters may use this field for their internal purposes. If present, this field must be positions three through five of the numeric FIPS State/Territory and County Codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4 (April 1995) for a list of these codes. In addition, FIPS Codes may be found on the Internet at http://www.itl.nist.gov. The information included in this field will be returned with the query response. |

| CHART G-11: FCR INPUT QUERY RECORD | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Filler | 37-38 | 2 | A/N | This field is reserved for a future version. For the current version, fill this field with spaces. |
| Member ID | 39-53 | 15 | A/N | **Conditionally Required**<br>This field must be present if the SSN is not present. If present, this must be the Member ID stored on the FCR. |
| SSN | 54-62 | 9 | A/N | **Conditionally Required**<br>This field must be present if the Member ID is not present.<br>If present, this field must be numeric and match to the SSN of the person on the FCR. It must not be all zeroes, all sixes or all nines. |
| Filler | 63-64 | 2 | A/N | **Reserved for Internal Processing**<br>This field must be spaces. |
| Filler | 65-640 | 576 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |

| CHART G-12:  FCR INPUT TRAILER RECORD | | | | |
|---|---|---|---|---|
| Field Name | Location | Length | A/N | Comments |
| Record Identifier | 1-2 | 2 | A/N | **Required**<br>This must contain the characters 'FZ'. |
| Record Count | 3-10 | 8 | N | **Required**<br>This field must equal the number of records submitted in the batch, including the FCR Header and Trailer Records. |
| Filler | 11-640 | 630 | A/N | This field will be used for future versions. For the current version, fill this field with spaces. |